2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069485

Entity Name: SYJS MANAGEMENT GROUP, INC.

FILED Apr 24, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

PO BOX 679158 PO BOX 690267

ORLANDO, FL 32867 US ORLANDO, FL 32869 US

Current Mailing Address: New Mailing Address:

PO BOX 679158 PO BOX 690267

ORLANDO, FL 32867 US ORLANDO, FL 32869 US

FEI Number: 56-2370583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ELGAYAR, EZZULDIEN H
5449 SHINGLE CREEK DRIVE
ORLANDO, FL 32821 US
ELGAYAR, EZZULDIEN H
11171GALVIN DR,
ORLANDO, FL 32837 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: EZZULDIEN.H.ELGAYAR 04/24/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVD () Delete Title: PVD (X) Change () Addition

Name: ELGAYAR, EZZULDIEN H Name: ELGAYAR, EZZULDIEN H
Address: PO BOX 679158 Address: PO BOX 690267

City-St-Zip: ORLANDO, FL 32867 US City-St-Zip: ORLANDO, FL 32869 US

Title: ST () Delete Title: ST (X) Change () Addition

Name: ELGAYAR, EZZULDIEN H Name: ELGAYAR, EZZULDIEN H

 Address:
 PO BOX 679158
 Address:
 PO BOX 690267

 City-St-Zip:
 ORLANDO, FL 32867 US
 City-St-Zip:
 ORLANDO, FL 32869 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EZZULDIEN.H.ELGAYAR DR 04/24/2005